MC210811 / 22-002687

REsponse Adapted Combination Therapy Approaches for High-Risk Multiple Myeloma (REACH)

NCT05497804

Document Date: 06/20/2025

MAYO CLINIC

Name and Clinic Number

Approval Date: **June 20, 2025**
Not to be used after: **June 19, 2026**

Protocol #: MC210811
Subject ID:

RESEARCH PARTICIPANT CONSENT AND PRIVACY AUTHORIZATION FORM

Study Title: **RE**sponse **A**dapted **C**ombination Therapy Approaches for **H**igh-Risk Multiple Myeloma (REACH)

IRB#: 22-002687

Principal Investigator: Shaji Kumar, M.D. and Colleagues

Key Study Information

This section provides a brief summary of the study. It is important for you to understand why the research is being done and what it will involve before you decide. **Please take the time to read the entire consent form carefully and talk to a member of the research team before making your decision.** You should not sign this form if you have any questions that have not been answered.

It's Your Choice	This is a research study. Being in this research study is your choice; you do not have to participate. If you decide to join, you can still stop at any time. You should only participate if you want to do so. You will not lose any services, benefits or rights you would normally have if you choose not to take part.
Research Purpose	The purpose of this study is to find out: • How patients with multiple myeloma will respond to a 4-drug combination of carfilzomib, daratumumab, lenalidomide, and dexamethasone after 24 cycles (months) of treatment, and again after 36 months (cycles) of treatment. • The side effects of the 4-drug combination of carfilzomib, daratumumab, lenalidomide, and dexamethasone. The treatment regimens used in this research study are not standard of care. Standard of care treatment for induction therapy typically consists of 2 or 3 drugs. The 4-drug combination could cause you to have more side effects and discomfort than the standard treatment. This combination of drugs is considered experimental and isn't approved by the U.S Food and Drug Administration (FDA). However, the FDA has allowed the use of this drug combination in this research study.

	You have been asked to take part in this research because you have been newly diagnosed with high-risk multiple myeloma that requires treatment.
What's Involved	The study will be conducted in 3 periods: screening period, treatment period, and follow-up period. You will be required to come to the study site for study visits; this is similar to making an appointment with your study doctor. You and your study doctor will plan as many visits as needed to complete the study assessments and procedures for the protocol.
Key Information	There are risks to the study drugs that are described later in this document. Some of the very common side effects are infections, low red blood cell and low platelet counts. Many side effects go away shortly after the treatment is stopped, but in some cases side effects can be serious, long-lasting problems, or may never go away. There may be side effects that are unknown. The risks associated with study participation are completely described later in this form. It is important to review the risk section carefully. It is not known whether this treatment will be better or worse for you than what your doctor would normally choose. By participating in this research study, you may help doctors answer this question. You do not have to participate in this study to receive treatment for your condition. Your study doctor will discuss the risks and benefits of other treatments with you before you decide whether or not you want to participate in this study.
Learn More	If you are interested in learning more about this study, read the rest of this form carefully. The information in this form will help you decide if you want to participate in this research or not. A member of our research team will talk with you about taking part in this study before you sign this form. If you have questions at any time, please ask us.

Making Your Decision

Taking part in research is your decision. Take your time to decide. Feel free to discuss the study with your family, friends, and healthcare provider before you make your decision. Taking part in this study is completely voluntary and you do not have to participate.

If you decide to take part in this research study, you will sign this consent form to show that you want to take part. We will give you either a printed or electronic copy of this form to keep. A copy of this form will be put in your medical record.

For purposes of this form, Mayo Clinic refers to Mayo Clinic in Arizona, Florida and Rochester, Minnesota; Mayo Clinic Health System; and all owned and affiliated clinics, hospitals, and entities.

Contact Information

If you have questions about …	You can contact …
▪ Study tests and procedures ▪ Materials you receive ▪ Research-related appointments ▪ Research-related concern or complaint ▪ Research-related injuries or emergencies Withdrawing from the research study	**Principal Investigator:** Shaji Kumar, M.D. **Phone:** (507) 284-2511 **Institution Name and Address:** Mayo Clinic 200 First Street SW Rochester, MN 55905 **Principal Investigator:** Sikander Ailawadhi, M.D. **Phone:** (904) 953-2000 **Institution Name and Address:** Mayo Clinic 4500 San Pablo Road Jacksonville, FL 32224 **Principal Investigator:** Leif Bergsagel, M.D. **Phone:** (480) 301-8000 **Institution Name and Address:** Mayo Clinic 5777 E Mayo Blvd Phoenix, AZ 85054
▪ Rights of a research participant	**Mayo Clinic Institutional Review Board (IRB)** **Phone:** (507) 266-4000 **Toll-Free:** (866) 273-4681

▪ Rights of a research participant ▪ Any research-related concern or complaint ▪ Use of your Protected Health Information ▪ Stopping your authorization to use your Protected Health Information ▪ Withdrawing from the research study	**Research Participant Advocate (RPA)** **(The RPA is independent of the Study Team)** **Phone:** (507) 266-9372 **Toll-Free:** (866) 273-4681 **E-mail:** researchparticipantadvocate@mayo.edu
▪ Billing or insurance related to this research study	**Patient Account Services** **Toll-Free:** (844) 217-9591

Other Information:
A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

Why are you being asked to take part in this research study?

You are being asked to take part in this study because you have been diagnosed with a type of blood cancer called high-risk multiple myeloma that requires treatment.

The plan is to have about 75 take part in this study at Mayo Clinic.

Why is this research study being done?

The purpose of this study is to find out:

- How patients with multiple myeloma will respond to a 4-drug combination of carfilzomib, daratumumab, lenalidomide, and dexamethasone after 24 cycles (months) of treatment, and again after 36 months (cycles) of treatment. We are looking to see if patients who have a small amount of cancer left after the initial treatment, called minimal residual disease (MRD), will benefit from this drug combination.
- The side effects of the 4-drug combination of carfilzomib, daratumumab, lenalidomide, and dexamethasone.

The treatment regimens used in this research study are not standard of care. Standard of care treatment for induction therapy typically consists of 2 or 3 drugs. The 4-drug combination could cause you to have more side effects and discomfort than the standard treatment.

This combination of drugs is considered experimental and isn't approved by the U.S. Food and Drug Administration (FDA). However, the FDA has allowed the use of this drug combination in this research study.

Information you should know

Who is Funding the Study?
This research study is being funded by the Multiple Myeloma SPORE (Specialized Program of Research Excellence) grant. The SPORE grant is supported by the National Cancer Institute.

Information Regarding Conflict of Interest:
Your healthcare provider may be referring you to this research study. If your healthcare provider is also an investigator on this study, there is the chance that his or her responsibilities for the study could influence his or her recommendation for your participation. If you prefer, your healthcare provider will be happy to refer you to another investigator on the research study team for you to decide if you want to participate in the study and to see you for the research study activities while you are in the study.

How long will you be in this research study?

You will receive treatment until your multiple myeloma gets worse or up to 36 months (36 cycles). After treatment is completed, we will monitor your health for up to 10 years from the time you started the study by reviewing your medical record or contacting you.

What will happen to you while you are in this research study?

If you agree to take part in this study, we will ask you to sign this consent form to see if you are eligible to participate.

Screening Period
You will be pre-registered to the study and will have the following tests and procedures:

- Medical history (including any medications that you are taking now or have taken in the past)
- Physical examination
- Vital signs (blood pressure, heart rate, temperature)
- Routine blood tests (including hepatitis)
- Blood tests to assess your disease
- Urine tests to assess your disease
- Bone marrow aspirate and biopsy

If it isn't known if you have hepatitis B or C, you will need to have a blood test done. If your hepatitis B or C test result is positive you will need to have a second test done to make sure the results are the same. The researcher will tell you how to find medical help and counseling as needed, and you may not be able to take part in the study. Your health insurer or you will have to pay for the cost of the repeat test, any follow-up medical care, or counseling.

If the hepatitis B or C test results are positive, it is the state law that they be reported to the State Department of Health. The test results will also be put in your medical.

If you qualify for the study, you will be fully registered to the trial.

Prior to starting treatment, you will have additional procedures and tests to make sure you are still eligible to be in this study. They include:

- Review of your current medical condition(s) (including any medications that you are taking now or have taken in the past)
- Physical examination (including height and weight)
- Vital signs (blood pressure, heart rate, temperature)
- Whole body low dose CT scan (WBLDCT), skeletal survey, MRI or PET/CT
- Routine blood tests
- Blood tests to assess your disease
- Urine tests to assess your disease
- Pregnancy test if you are able to become pregnant
- Chest X-ray
- Electrocardiogram (ECG)
- Echocardiogram (ECHO) or multigated acquisition (MUGA) scan
- Indirect antiglobulin testing (sometimes called Coombs test)

These tests are part of regular care for your cancer. If some of these tests have been done recently, you may not need to repeat them.

If you qualify to participate in the study, you will receive the study treatment.

Treatment Period

Treatment is given in 28-day cycles and consists of the following:

- Induction – cycles 1-12
- Consolidation – cycles 13-24
- Maintenance – cycles 25-36
- Follow-up

During **induction** treatment, you will receive the following:

- Carfilzomib is given through a vein, called an intravenous (IV) infusion on Days 1, 8 and 15. The Cycle 1 Day 1 administration may be given over 2 days (Day 1 and Day 2) to help lessen the side effects.
- Daratumumab is given through the abdomen with an injection under the skin:
    - Before you receive the daratumumab, you will receive some premedications: dexamethasone, diphenhydramine, and/or acetaminophen. These will help to reduce the side effects of daratumumab.
    - Days 1, 8, 15, 22 of Cycles 1 and 2 (you will need to be observed for 6 hours after the injection on Cycle 1, Day 1)
    - Days 1, 15 of Cycles 3, 4, 5, 6
    - Day 1 of Cycles 7 -12
- Lenalidomide is taken by mouth Days 1-21
    - Lenalidomide is a capsule and should be taken at about the same time each day. The capsules should not be opened, broken or chewed. The capsules should be swallowed whole, preferably with water, either with or without food.
    - If you miss a dose of lenalidomide: If less than 12 hours has passed since missing a dose, you can take the dose. If more than 12 hours has passed since missing a dose at the normal time, you should not take the dose, but take the next dose at the normal time on the following day. If you miss a dose let your study doctor know.
    - As part of your clinical care, you will automatically be enrolled in the Revlimid REMS® program in order to obtain lenalidomide. Before you can be enrolled in this program, you must read and agree to all the instructions. More information about the Revlimid REMS® program is available at www.celgeneriskmanagement.com
- Dexamethasone is taken by mouth Days 1, 8, 15, and 22

- The tablets should be taken about the same time each day. The tablets should not be broken or chewed. The tablets should be swallowed whole with water.
- If you forget a dose, take it as soon as you remember it. However, if more than 12 hours have passed since missing a dose at the normal time skip the missed dose. Do not take a double dose (two doses at the same time) to make up for a forgotten

You be able to receive the daratumumab and/or carfilzomib treatment locally, provided it is feasible to have the evaluations required by the protocol completed remotely or through your local healthcare facilities. You will need to return to the enrolling institution at least once every 28 days.

During **Consolidation (cycles 13-24)**, you will receive the following:

- Carfilzomib is given through a vein, called an intravenous (IV) infusion on Days 1, 8 and 15
- Daratumumab is given through the abdomen with an injection under the skin:
  - Before you receive the daratumumab, you will receive some premedications: dexamethasone, diphenhydramine, and/or acetaminophen. These will help to reduce the side effects of daratumumab.
  - Day 1
- Lenalidomide is taken by mouth Days 1-21
  - Lenalidomide is a capsule and should be taken at about the same time each day. The capsules should not be opened, broken or chewed. The capsules should be swallowed whole, preferably with water, either with or without food.
  - If you miss a dose of lenalidomide: If less than 12 hours has passed since missing a dose, you can take the dose. If more than 12 hours has passed since missing a dose at the normal time, you should not take the dose, but take the next dose at the normal time on the following day. If you miss a dose let your study doctor know.

You be able to receive the daratumumab and/or carfilzomib treatment locally, provided it is feasible to have the evaluations required by the protocol completed remotely or through your local healthcare facilities. You will need to return to the enrolling institution at least once every 28 days.

After Consolidation treatment, your doctor will do testing to determine your Minimal Residual Disease (MRD) status. If you test positive, this means there are still residual cancer cells in your body after treatment. If you test negative, this means no residual cancer cells were found after treatment.

If you are MRD Negative, you will receive the following treatment during **Maintenance (cycles 25-36)**:

- Carfilzomib is given through a vein, called an intravenous (IV) infusion on Day 1
- Daratumumab is given through the abdomen with an injection under the skin:
    - Before you receive the daratumumab, you will receive some premedications: dexamethasone, diphenhydramine, and/or acetaminophen. These will help to reduce the side effects of daratumumab.
    - Day 1
- Lenalidomide is taken by mouth Days 1-21
    - Lenalidomide is a capsule and should be taken at about the same time each day. The capsules should not be opened, broken or chewed. The capsules should be swallowed whole, preferably with water, either with or without food.
    - If you miss a dose of lenalidomide: If less than 12 hours has passed since missing a dose, you can take the dose. If more than 12 hours has passed since missing a dose at the normal time, you should not take the dose, but take the next dose at the normal time on the following day. If you miss a dose let your study doctor know.

You be able to receive the daratumumab and/or carfilzomib treatment locally, provided it is feasible to have the evaluations required by the protocol completed remotely or through your local healthcare facilities. You will need to return to the enrolling institution at least once every 28 days.

If you test MRD Positive, your doctor will discuss other treatment options with you.

You will have the following tests/visits:

- Review of your current medical condition(s) every cycle
- Physical examination (including height and weight) every cycle
- Vital signs (blood pressure, heart rate, temperature) every cycle
- Electrocardiogram (ECG) and echocardiogram (ECHO) or multigated acquisition (MUGA) end of cycles 12, 24 and 36
- Routine blood tests
- If you have hepatitis, you will have hepatitis testing every 12 weeks
- Blood tests to assess your disease
- Urine tests to assess your disease
- Pregnancy test if you are able to become pregnant every cycle
- Whole body low dose CT scan (WBLDCT), skeletal survey, MRI or PET/CT every 12 cycles (patients with extramedullary disease may have these done every 3 cycles or as clinically indicated by your doctor)
- Bone marrow aspirate and biopsy as clinically indicated
- Research bone marrow and aspirate, before you start treatment and at the end of cycles 1, 3, 6, 12, 18, and 24 (or if your disease gets worse).

- You will be asked to participate in another research study and sign a consent form for that study for the research blood and bone marrow samples.
- Research blood sample, at the end of cycles 1, 3, 6, 12, 18, and 24 (or if your disease gets worse). (40 mLs, about 3 Tablespoons).
- You will be asked to participate in another research study and sign a consent form for that study for the research blood and bone marrow samples.
- Medication Diary every cycle

Follow-up Period

There will be a follow-up visit after you finish the study treatment.

- Physical examination
- Vital signs
- Routine blood tests
- If you have hepatitis, you will have hepatitis testing
- Blood tests to assess your disease
- Urine tests to assess your disease
- Electrocardiogram (ECG) and echocardiogram (ECHO) or multigated acquisition (MUGA) scan
- Whole body low dose CT scan (WBLDCT), skeletal survey, MRI or PET/CT
- Bone marrow aspirate and biopsy as clinically indicated

After you finish treatment, we will review your medical record or may contact you to see how you are doing every 6 months until 10 years from time you enrolled on the study.

Tests done only for research purposes are not meant to provide clinical information or help care for you. The results are only important for research. Therefore, the results of tests done with your information and samples will not be provided to you. In the rare event that a finding might affect the health of you or your family, we will contact you and you can choose whether to receive or refuse the information. If you decide to follow up and further medical testing or care is needed, the costs will be billed to you or your insurance.

What are the possible risks or discomforts from being in this research study?

Many side effects go away shortly after the study drugs are stopped, but in some cases side effects can be serious, long lasting, or may never go away. There may be a risk of death. Some side effects may not be known. Side effects may range from mild to life-threatening. Other

drugs may be given to make side effects less serious and less uncomfortable. Talk to the study doctor about side effects and ask any other questions.

It is possible that the symptoms of your condition will not improve during the study or may even worsen. Treatment with the study treatment may also involve risks to your future health that we currently do not know about. You will be closely monitored for any side effects that may occur.

Side effects that have been reported with the study treatments are described below. If you have any questions about these, please ask the study doctor.

Carfilzomib
You will be told about the known risks related to carfilzomib, which are the side effects reported previously by others who took carfilzomib. However, your doctors do not know all the side effects that you may experience. As with all drugs (investigational or approved), all risks may not have been identified at this time. There may be serious unexpected or unforeseen risks while taking carfilzomib, including death. It is known that nearly everyone who takes carfilzomib will have some side effects while on the drug. Many of these side effects may be mild but some side effects can be serious and even fatal.

Before you take carfilzomib, your doctor needs to know if you have any:

- Heart problems, including a history of chest pain, heart attack, heart failure, high blood pressure, irregular heartbeat, or if you have ever taken a medicine for your heart
- Lung problems, including a history of shortness of breath at rest or with activity
- Kidney problems, including kidney failure or if you have ever received dialysis
- Liver problems, including a history of hepatitis; particularly previous hepatitis B virus infection, fatty liver, or if you have ever been told your liver is not working properly
- Unusual bleeding, including easy bruising, bleeding from an injury, such as a cut that does not stop bleeding in a normal amount of time, or internal bleeding, which can indicate you have low platelets
- Blood clots in your veins
- Any other major disease for which you were hospitalized or received medication

Talk to your doctor or nurse if any of these apply to you before using carfilzomib. You may need extra tests to check that your heart, kidneys and liver are working properly.

Conditions You Need to Look Out For
You must look out for certain symptoms while you are taking carfilzomib to reduce the risk of problems. Carfilzomib can make some conditions worse or cause serious side effects. Carfilzomib may cause all, some, or none of the side effects listed below. There may also be

unknown side effects from taking carfilzomib alone or with other drugs you may be taking. Tell your doctor or nurse as soon as possible if you get any of these:

- Chest pains, shortness of breath, or if there is swelling of your ankles and feet, which may be symptoms of heart problems.
- Difficulty breathing, including shortness of breath at rest or with activity or a cough, rapid breathing, feeling like you can't breathe in enough air, wheezing, or cough, which can be signs of lung problems.
- Extremely high blood pressure, severe chest pain, severe headache, confusion, blurred vision, nausea and vomiting, or severe anxiety, which may be signs of a condition known as hypertensive crisis.
- Shortness of breath with everyday activities or at rest, irregular heartbeat, racing pulse, tiredness, dizziness, and fainting spells, which can be signs of a condition known as pulmonary hypertension.
- Swollen ankles, feet or hands, loss of appetite, passing less urine, or abnormal blood test results, which may be symptoms of kidney problems or kidney failure.
- Irregular heartbeat, kidney failure or abnormal blood test results which may be associated with Tumor Lysis Syndrome, which can be caused by the rapid breakdown of tumor cells.
- A reaction to carfilzomib infusion, which can include the following symptoms: fever, chills or shaking, joint pain, muscle pain, facial flushing or swelling, swelling of the throat, weakness, shortness of breath, low blood pressure, fainting, chest tightness, or chest pain.
- Unusual bruising or bleeding, such as a cut that does not stop bleeding in a normal amount of time or internal bleeding such as coughing up blood, vomiting up blood, dark tarry stools, or bright red blood in your stools.
- Leg pain (which could be a symptom of blood clots in the deep veins of the leg), chest pain or shortness of breath (which may be a symptom of blood clots in the lungs).
- Yellowing of your skin and eyes, abdominal pain or swelling, nausea or vomiting, which could be signs of liver problems, including liver failure. If you have previously had hepatitis B virus infection, treatment with carfilzomib may cause hepatitis B virus infection to become active again.
- Bleeding, bruising, weakness, confusion, fever, nausea, vomiting and diarrhea, and acute kidney failure, which may be signs of a blood conditions known as Thrombotic Microangiopathy (including Thrombotic Thrombocytopenic Purpura/Hemolytic uremic syndrome (TTP/HUS).
- Headaches, confusion, seizures, blindness, and high blood pressure, which may be symptoms of a neurologic condition known as Posterior Reversible Encephalopathy Syndrome (PRES).

- Blurred or double vision, vision loss, difficulty speaking, weakness in an arm or a leg, a change in the way you walk, problems with your balance, persistent numbness, decreased sensation or loss of sensation, decreased alertness, memory loss or confusion which may be symptoms of a central nervous system infection known as Progressive Multifocal Leukoencephalopathy (PML).

The chance of these and other side effects happening to you are shown in the categories below;

The following side effects are very common (may affect more than 1 in 10 people) side effects of Carfilzomib:

- Low red blood cells count which may cause tiredness and fatigue
- Low platelets, which may cause easy bruising or bleeding
- Low white blood cells, which may decrease your ability to fight infection
- Shortness of breath
- Cough, cough with phlegm
- Diarrhea
- Nausea
- Constipation
- Vomiting
- Tiredness (fatigue)
- Fever
- Swelling of the hands, feet or ankles
- General weakness
- Respiratory tract infection
- Lung infection (pneumonia)
- Bronchitis
- Inflammation of the nose and throat
- Decreased appetite
- Back pain
- Joint pain
- Pain in limbs, hands or feet
- Muscle spasms
- Headache
- Dizziness
- Numbness,
- Difficulty sleeping (insomnia)

- Changes to blood tests (decreased blood levels of potassium, increased blood levels of sugar and/or creatinine)
- High blood pressure (hypertension) 'Conditions you need to look out for"

The following side effects are common (may affect up to 1 in 10 people) side effects of Carfilzomib:

- Fever associated with low white blood cell count
- Heart failure* and heart problems including rapid, strong or irregular heartbeat
- Heart attack
- Blood clots in the lungs
- Fluid in the lungs
- Nose bleeds
- Changing in voice or hoarseness
- Pain in throat
- Wheezing
- Pulmonary hypertension (see 'Conditions you need to look out for')
- Blurred vision
- Cataracts
- Stomach pain
- Indigestion
- Toothache
- Chills
- Pain
- Feeling unwell
- Infusion reactions such as pain, swelling, irritation or discomfort where you received the injection into your vein (see 'Conditions you need to look out for')
- Liver problems including an increase in your liver enzymes in the blood
- Sore throat
- Runny nose or nasal congestion
- Urinary tract infection
- Flu-like symptoms (influenza)
- Serious infection in the blood
- Viral infection
- Infection and/or irritation of your stomach and bowels
- Lung infection
- Dehydration
- Bone and muscle pain
- Chest pain

- Muscle weakness
- Aching muscles
- Abnormal sensation such as tingling or decreased sensation in arms and/or legs
- Anxiety
- Kidney problems including decreased ability to make urine, and kidney failure needing dialysis
- Rash
- Itchy skin
- Redness of the skin
- Increased sweating
- Changes to blood tests (decreased blood levels of sodium, magnesium, protein, calcium or phosphate; increased blood levels of calcium or uric acid, potassium, bilirubin, or c-reactive protein)
- Low blood pressure (hypotension)
- Blood clots in the veins
- Flushing
- Ringing in the ears

Uncommon side effects with carfilzomib (may affect up to 1 in 100 people)

- Thrombotic microangiopathy
- Sudden loss of the heart function
- Reduced blood flow to the heart
- Abnormal amount of fluid between the heart and the lining around the heart
- Heart muscle disease which may cause shortness of breath
- Lung problems (see ‘Conditions you need to look out for’)
- Bleeding in the lungs
- Bleeding in the stomach and bowels
- Multiple organ failure
- Liver failure
- Itchy skin, yellow skin, very dark urine and very pale stools which may be caused by a blockage in the flow of bile from the liver (cholestasis)
- Severe infection of the blood causing low blood pressure and low blood flow to the different organs.
- Reinfection of the liver with the hepatitis B virus (see ‘Conditions you need to look out for’)
- Tumor lysis syndrome (TLS) (see ‘Conditions you need to look out for’)
- Bleeding in the brain
- Allergy to carfilzomib

- Stroke
- Bleeding
- Extremely high blood pressure (see 'Conditions you need to look out for')

Rare side effects with carfilzomib (may affect up to 1 in 1000 people)

- Thrombotic thrombocytopenic purpura (TTP) (see 'Conditions you need to look out for')
- Hemolytic uremic syndrome (HUS) (see 'Conditions you need to look out for')
- Swelling and irritation of the lining around the heart
- Swelling of the throat
- Hole in the stomach, small intestine or large bowel
- Infection of the back of the eye (cytomegalovirus)
- Posterior reversible encephalopathy syndrome (PRES) (see 'Conditions you need to look out for')

*The risk of developing heart failure when receiving carfilzomib is higher if you are 75 years of age or older. The risk is also higher if you are Asian.

The following side effects have been seen in people who received carfilzomib. It is unknown if they were caused by carfilzomib, you may or may not experience these side effects:

- Tiredness, infection, and easy bruising or bleeding which may be symptoms of a blood condition known as Myelodysplastic syndrome/Acute Myeloid Leukemia (MDS/AML).
- Tenderness of pain in the abdomen that gets more intense with motion or touch, abdominal bloating or distention, nausea and vomiting, diarrhea, constipation or the inability to pass gas which may be symptoms of swelling of the thin tissue that lines the inner wall of the abdomen and covers most of the abdominal organs.

Driving and Using Machines:
You may experience fatigue, dizziness, fainting, and/or a drop in blood pressure after treatment with carfilzomib. This may impair your ability to drive or operate machinery. If you have these symptoms, you should not drive a car or operate machinery.

Hydration Risks:
There may be risks associated with over hydrating (having too much fluid in your body) so it is important to follow your doctor's instructions regarding how much water or other fluids you should drink. Over hydration can cause side effect to your heart, lungs, and kidneys.

Daratumumab
This section gives you the information known so far about side effects seen with daratumumab.

The following side effects are observed when daratumumab was given via an intravenous infusion, either alone or in combination with other drugs.

Very common side effects with daratumumab (affects more than 1 in 10 patients):
- Increased risk of infections, including infection of the upper respiratory tract (such as nose, sinuses, throat, or upper airway), lung, lower airway (bronchitis), and/or pneumonia
- Decreased white blood counts including neutrophils and lymphocytes
- Low platelets (cells which help blood to clot), which may increase the risk of bleeding and bruising (see separate section "Blood Cell Effects" below)
- Low red blood cells (anemia)
- Numbness/tingling of the hands, feet or limbs (neuropathy)
- Cough
- Nausea
- Muscle spasms
- Fatigue, or lack of energy
- Weakness, lack of strength
- Fever
- Diarrhea
- Decreased appetite
- Headache
- Constipation
- Vomiting
- Rash, a noticeable change in the texture or color of your skin
- Shortness of breath (dyspnea), including wheezing
- Muscle spasms
- Swelling of hands, feet or limbs
- Back pain
- Sleeplessness (insomnia)
- Joint pain

Common side effects with daratumumab (affects 1 to 10 in 100 patients:
- Urinary tract infection
- Influenza or flu like symptoms
- Chills
- Nasal congestion

- Abnormal heart rhythm
- Muscle spasm
- Sepsis (a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs)
- High blood glucose levels
- Low blood calcium levels
- Loss of body fluids, also known as dehydration
- Irregular heartbeat (atrial fibrillation)
- High blood pressure
- Fluid in the lungs (pulmonary edema)
- Dizziness
- Fainting
- Inflammation of the pancreas
- Rash, itchy skin
- Muscular pain in the chest
- Injection site reaction: local reaction reported as mild pain or a burning sensation at the site of injection in the abdominal wall. Redness and hardening of the skin at the injection site was also observed and usually disappeared within a few hours after the administration
- Infusion related reaction (see separate "Infusion Related Reactions" below)
- A condition with your immune system in which not enough gamma globulin proteins (also known as antibodies) are produced (hypogammaglobulinemia). Decreases in gamma globulin proteins can increase the risk of infections

Uncommon side effects with daratumumab (affects 1 to 10 in 1,000 patients):

- Hepatitis B virus reactivation (if you previously had hepatitis B, the infection could return)
- Cytomegalovirus infection (see separate section on infections below)

When daratumumab is given at the same time with other drugs, some side effects of these drugs may happen more often or may be more severe. There may be other unexpected side effects.

Infusion Related Reactions
Daratumumab is an antibody. An antibody is a large protein that is used by the immune system to identify and neutralize bacteria and viruses. A non-local, hypersensitivity reaction to daratumumab that occurs during or shortly after an administration (IV or SC) is called an infusion-related reaction. It usually occurs during or within the first few hours after the start of the first administration. However, delayed reactions can happen up to 3-4 days after the dose administration. These reactions can be life-threatening and fatal outcomes have been reported.

Signs and symptoms of infusion-related reactions may include respiratory symptoms, such as stuffy nose, cough, throat irritation, as well as chills, vomiting and nausea. Most of the observed infusion-related reactions were mild or moderate, and ended by temporarily stopping the administration and giving medicines to treat the symptoms. Tell your doctor right away if you have any of the above-mentioned symptoms.

If you have a breathing problem now or had breathing problems in the past (like chronic obstructive pulmonary disease (COPD) or asthma), you should tell your study doctor. Also, if you start to have breathing problems while you are on the study, you should tell your study doctor right away.

Severe reactions have occurred, including narrowing and obstruction of the respiratory airway (bronchospasm), low level of oxygen (hypoxia), shortness of breath, high blood pressure, swelling in the throat and fluid accumulation in the lungs (pulmonary edema). Your study doctor and their staff will be ready to treat such a reaction in case it happens. In the future, you should tell any doctor you visit that you received daratumumab (an antibody) in this research study and if you had an allergic reaction including an anaphylactic reaction, the worst case of allergic reaction.

The study team will continue to monitor infusion-related reactions and make changes to the way daratumumab is administered and/or recommend additional medications as necessary.

In this study, the following will be done to reduce the chance of a daratumumab infusion related reaction:

You will get medications, including steroids, paracetamol/acetaminophen and antihistamine, before the infusion.

If you have a reaction, the infusion will be paused, and the symptoms treated as needed. Dependent on the reaction, the infusion may continue at a slower rate.
If you have a life-threatening reaction, you will need to stop further treatment with daratumumab, and your doctor will discuss alternative treatments with you.

If you are considered higher risk for breathing problems (for example COPD or asthma) you may also get medications, including inhaled steroids, after the infusion.

You may stay overnight in the hospital after the infusion so medical staff can check you.

Blood Cell Effects
Daratumumab can decrease white blood cell counts which help fight infections, and blood cells called platelets which help to clot blood. Tell your healthcare provider if you develop any symptoms of infection such as fever or any symptoms of decreased platelet counts such as bruising or bleeding.

Infection
Different kinds of infection have been seen in patients receiving daratumumab. Most of them are upper respiratory tract infections. If you have an infection now, have a history of frequent infections, or if you feel sick, you should tell your study doctor right away. The majority of the observed infections so far were mild or moderate. Severe infections such as pneumonia and sepsis have also been reported. Herpes Zoster Virus infection (shingles) is an uncommon finding. Your doctor will tell you about how to prevent the Herpes Zoster Virus infection.

Certain infections with viruses, such as shingles (Herpes Zoster virus) and cytomegalovirus, and liver infection (hepatitis B virus) have been observed with daratumumab. Patients who have had prior exposure to hepatitis B virus are at increased risk of recurrence of the virus. Your doctor will test you for the hepatitis B virus before beginning treatment on this study. If you test positive for the virus, you will be closely monitored for signs of infection during daratumumab treatment and until 6 months after the last dose of daratumumab, and you will be treated, if appropriate, by your doctor.

Blood transfusions
If you need a blood transfusion, you will have a blood test first to match your blood type.

Daratumumab can affect the results of this blood test. These changes can last up to 6 months after your last dose. Your doctor will therefore test your blood type before you start treatment with Daratumumab. The test result will be placed on the patient identification wallet card you will carry for this study. Please tell all your health care providers that you are using daratumumab before receiving a blood transfusion.

Allergic reactions/Anaphylaxis
Daratumumab is an antibody made from a protein. Protein drugs can cause allergic reactions (for example fever or chills, sometimes, it is very difficult to tell the difference with infusion related reactions) in some people.

Please inform your doctor immediately if you experience any of these signs and symptoms.

Anaphylaxis is the worst type of allergic reaction, it can happen suddenly and often causes the throat to swell, an itchy rash and sometimes the blood pressure to drop. Anaphylaxis has not

been seen with daratumumab so far. Your study doctor and their staff will be ready to treat such a reaction in case it happens. If this happens, you will not receive any more daratumumab infusions. You may not be able to be treated again with this type of medication. In the future, you should tell any other doctor you visit that you received daratumumab in this research study and if you had an allergic reaction.

Anaphylactic reactions were rarely reported when commercially available daratumumab was used outside of clinical trials (also called post marketing experience). The reported cases of anaphylactic reaction were believed to be a more severe form of infusion related reactions. More than 227,000 patients globally have been treated with daratumumab. Anaphylactic reaction has not been reported in clinical studies; therefore, the frequency is not known.

Birth Control
The effects of daratumumab on fertility, the human embryo, the fetus, or the breast-fed infant are unknown. If you are a woman, taking part in the study might harm your unborn child or breast-fed baby. Thus, you must agree not to become pregnant while you are in this study. Also, you cannot take part in this study if you are pregnant or breastfeeding a child. If you are a man, the effect of daratumumab on your sperm is unknown.

If you are a woman and becoming pregnant is a possibility, you will be required to undergo a pregnancy test prior to taking daratumumab. During the course of the study and for 3 months after the last dose of daratumumab both male and female patients must use effective methods of birth control and not donate sperm/eggs.

The type of birth control you use must be discussed with, and approved by, the study doctor before you begin the study. If you become pregnant or father a child during the study, you must tell the study doctor immediately. You will have to stop taking part in the study. The study doctor will advise you about your medical care. We will ask you to allow us to collect information about your pregnancy and the health of your baby. If you are male, you should advise your study doctor if you father a child while participating in this study.

The doctor will advise you on medical attention for your partner should this be necessary. We will ask for your partner's permission to collect information about the pregnancy and health of the baby.

Lenalidomide

The following are likely risks of lenalidomide:

- Low white blood cells (neutropenia) and lymphopenia or a decrease in white blood cells that can make you more prone to infections

- Low platelets (thrombocytopenia) have been observed which may require reduction or interruption of the dose of lenalidomide that you receive.
- Deep venous thrombosis (blood clots in veins, usually in your calf) and lung emboli (blood clot in lungs). You need to seek medical care if you experience shortness of breath, chest pain, or arm or leg swelling.
- Fatigue or feeling tired
- Constipation or difficulty moving your bowels
- Diarrhea or loose/frequent bowel movements
- Infections involving various organs
- Peripheral neuropathy, causing numbness or tingling in extremities

Less likely risks of lenalidomide (events occurring less than or equal to 20% of the time)

- Allergic reaction and tumor lysis syndrome have been reported. Tumor lysis syndrome refers to disturbances of your electrolytes which is caused by rapid killing of cancer cells in the blood. This may be seen after initiation of cancer treatment, and may result in kidney damage and heart problems such as an abnormal heart beat.
- Diarrhea
- Fatigue, lack of energy
- Low red blood cells (anemia)
- Constipation
- Swelling of hands, feet or limbs
- Difficulty sleeping
- Muscle cramp/spasms
- Back pain
- Joint pain
- Nausea
- Fever
- Infection of the nose, sinuses, and/or throat
- Cough
- Rash
- Itching and dry skin
- Lack or loss of strength
- Shortness of breath
- Dizziness
- Headache
- Decreased appetite
- Tremor
- Abnormal thyroid function or inflammation of thyroid gland

- Abdominal pain or distension
- Gastrointestinal bleeding
- Bowel obstruction
- Abnormalities of liver tests
- Allergic reactions to drug
- Abnormalities of mineral levels in blood
- Heartburn

Serious side effects occurring in 1% or more of patients and not listed in bold above

- Neutropenia associated with a fever;
- Pulmonary embolism or blood clot in or around the lungs;
- Deep vein thrombosis or blood clots in a larger blood vessel;
- Atrial fibrillation or irregular heartbeat;
- Progression of the disease being studied including multiple myeloma;
- Pneumonia or an infection of the lungs;
- Sepsis or an infection of the blood;
- Dehydration;
- Kidney failure which can cause increases or decreases in the amounts of chemicals in your blood which can cause irregular heartbeats, muscle twitching, seizures, and/or death.
- Myocardial infarction (heart attack)
- Stroke (bleeding in the brain or clotting)

Rare cases of the following events have been reported:

- Angioedema- an allergic skin disease characterized by patches of swelling involving the skin and/or the lining of your nose, mouth, and gastrointestinal tract.
- Anaphylaxis- serious potentially life-threatening type of allergic reaction that may cause breathing difficulty, dizziness, low blood pressure, and loss of consciousness.
- Stevens-Johnson syndrome and toxic epidermal necrolysis- serious allergic skin reactions that begin as a rash in one area and later cover more of the body leading to detachment of the top layer of skin (could be body-wide). Medical journals have reported patients with allergic skin reaction with thalidomide who also developed the same type of reaction with lenalidomide
- Drug reaction with eosinophilia and systemic symptoms (DRESS) may present with a cutaneous reaction; eosinophilia, fever, and/or lymphadenopathy with systemic complications such as hepatitis, nephritis, pneumonitis, myocarditis, and/or pericarditis
- Tumor lysis syndrome- metabolic complication that can occur during or without treatment of cancer. These complications are caused by the break-down products of dying cancer cells and include hyperkalemia (high potassium), hyperphosphatemia (high

phosphorus), hyperuricemia and hyperuricosuria (high uric acid in blood and urine), hypocalcemia (low calcium), and consequent acute uric acid nephropathy and acute renal failure (kidney damage).
- Tumor Flare reaction- a condition that involves any of the following increase in the size of the cancerous lymph nodes, rash and slight fever.
- Rhabdomyolysis- a serious condition involving the destruction of skeletal muscle that can lead to kidney failure. Signs and symptoms include dark, red, or cola colored urine and muscle tenderness, stiffness, aching (myalgia) or weakness.
- Increase in blood levels of lipase due to inflammation of pancreas gland.
- Abnormalities of blood clotting
- Bone marrow failure
- Decrease in lymphocytes (type of white blood cells)
- Enlarged spleen
- Abnormal heart rhythms
- Congestive heart failure (condition where the heart becomes weak and cannot pump enough blood to the rest of the body
- Decreased function of adrenal gland
- Decreased hearing
- Vision abnormalities
- Clotting in blood vessels of intestines
- Seizures
- Graft-versus-host disease (when transplanted donor tissue attacks the tissues of the recipient's body) - (graft vs. host disease)

Also Reported on Lenalidomide Trials But with the Relationship to Lenalidomide Still Undetermined:
- Tissue swelling - (angioedema)
- Rhabdomyolysis is a breakdown of muscle fibers. It occurs when muscle cells die and release cell contents into the blood stream. It can cause muscle pain and a number of health problems, including damage to the kidneys. If severe, this could be life threatening. - (rhabdomyolysis)

These events have the potential to be fatal.
Your health care team may give you medicines to help lessen side effects. Many side effects go away soon after you stop taking study drug. In some cases, side effects can be serious, long lasting or may never go away.

You should talk to your study doctor about any side effects that you have while taking part in the study.

Hematological Toxicity
Lenalidomide is associated with significant neutropenia (decrease in white blood cells that help fight infection) and thrombocytopenia (decrease in platelets that help with blood clotting). You will have your blood counts checked frequently when starting treatment with lenalidomide.

Deep Vein Thrombosis and Pulmonary Embolism
Lenalidomide has demonstrated an increased risk of deep vein thrombosis (DVT, blood clot in a larger blood vessel) and pulmonary embolism (PE, a blood clot in or around the lungs) in some people with certain medical conditions. The study staff will ask you about any risk factors you may have. [If you have a history of blood clots your doctor will prescribe either heparin or coumadin for the first four months of the study treatment. The doctor may continue to prescribe the medication or aspirin for the remainder of your course of study treatment. All other patients will receive (at the discretion of the treating physician) either oral low–dose aspirin or another treatment to prevent blood clotting during study participation.] Patients unable or unwilling to undergo treatment for prevention of blood clots will not be eligible to participate in this study. You will be instructed on the signs and symptoms of DVT and PE and if symptoms occur you should contact your study doctor promptly.

Second new cancers
According to researchers, patients with cancer have a higher risk of developing a second new cancer when compared to people without cancer. In clinical studies of newly diagnosed multiple myeloma, a higher number of second cancers were reported in patients treated with induction therapy (treatment as first step to reducing number of cancer cells) and/or bone marrow transplant then lenalidomide for a long period of time compared to patients treated with induction therapy and/or bone marrow transplant then placebo (a capsule containing no lenalidomide). Patients should make their doctors aware of their medical history and any concerns they may have regarding their own increased risk of other cancers.

Other Risks
If any physician other than the study doctor prescribes medication for you for another condition or you are taking any over-the-counter medications or vitamins, you must inform the study staff. This is important because the interaction of some medications may cause serious side effects. Lenalidomide has been shown to increase the level of digoxin in the blood in some patients; please tell your doctor if you are taking digoxin.

Your condition may not get better or may become worse while you are in this study.

Risks Associated with Pregnancy

Lenalidomide is related to thalidomide. Thalidomide is a known to cause severe life-threatening human birth defects. Findings from a monkey study indicate that lenalidomide caused birth defects in the offspring of female monkeys who received the drug during pregnancy. If lenalidomide is taken during pregnancy, it may cause birth defects or death to any unborn baby. Females must not become pregnant while taking lenalidomide. You have been informed that the risk of birth defects is unknown. If you are female, you agree not to become pregnant while taking lenalidomide.

Lenalidomide is detected in trace quantities in human semen according to a study. The risk to the fetus in females of childbearing potential whose male partner is receiving lenalidomide is unknown at this time. For these reasons male patients receiving lenalidomide must use a latex condom while taking lenalidomide, when temporarily stopping lenalidomide, and for 28 days after permanently stopping lenalidomide treatment during any sexual contact with a pregnant female or a female of childbearing potential even if you have undergone a successful vasectomy.

Patients should not donate blood during treatment therapy or for 28 days following discontinuation of lenalidomide.

You must NEVER share lenalidomide with anyone else.

Lenalidomide will hurt unborn babies. The manufacturer of this drug has a pregnancy prevention program for any patient who takes this drug. Your doctor can explain to you such a program. There are additional side effects that have been seen in patients that have taken lenalidomide. Please ask your study doctor for information regarding these side effects.

Dexamethasone

Likely risks of dexamethasone (events occurring greater than 20% of the time):

- Stomach and throat ulcers or worsening of any ulcers you had before treatment
- Swelling and pain of the pancreas
- Weight gain around the stomach
- Puffiness (especially in the face)
- Buildup of fluids and a rise in blood pressure
- Possible rise in your blood sugar
- Changes in the blood levels of potassium
- Infection

Less likely risks of dexamethasone (events occurring less than or equal to 20% of the time)

- Muscle weakness
- Brittle bones
- Menstrual changes
- Itching, and other allergic reactions, some severe

Rare but serious risks of dexamethasone (events occurring less than 2-3% of time)

- Mood swings
- Depression
- Trouble sleeping
- Changes in personality
- Seizures
- Dizziness
- Patients who are more likely to get heart disease may have heart failure

As with any medication, allergic reactions are a possibility.

Pregnancy risk
If you are a female of childbearing potential, you must agree to the following:

- abstain from heterosexual intercourse
  OR
- to use birth control as follows:
  - Two methods of reliable birth control (one method that is highly effective and one additional barrier method), beginning 4 weeks before starting treatment and continuing for 4 months after completing treatment.

You must also agree not to donate eggs for the purpose of reproduction during treatment and continuing for 4 months after completing treatment.

If you are a male, you must agree to the following:

- Refrain from donating sperm
- Abstain from heterosexual intercourse
  OR
- Agree to use contraception/barrier as follows:
  - Agree to use a male condom, even if you have undergone a successful vasectomy, and your female partner must use an additional highly effective contraceptive method

Standard of Care risks

Your doctor will discuss the risks of bone marrow aspirate and biopsy, blood draw, chest x-ray, Echocardiogram, MUGA, ECC, and WBLDCT (or skeletal survey), MRI, or PET/CT as these tests and procedures are part of your standard clinical care.

As with all research, there is a chance that confidentiality could be compromised; however, we take precautions to minimize this risk.

Are there reasons you might leave this research study early?

You may decide to stop at any time. You should tell your study doctor if you decide to stop and you will be advised whether any additional tests may need to be done for your safety.

In addition, the researchers, the company supplying drug and funding, or Mayo may stop you from taking part in this study at any time:

- If it is in your best interest,
- If you do not follow the study rules,
- If the study is stopped.

If you leave this research study early, or are withdrawn from the study, no more information about you will be collected; however, information already collected about you in the study may continue to be used.

We will tell you about any new information that may affect your willingness to stay in the research study.

What if you are injured from your participation in this research study?

Where to get help
If you think you have suffered a research-related injury, you should promptly notify the Principal Investigator listed in the Contact Information at the beginning of this form. Mayo Clinic will offer care for research-related injuries, including first aid, emergency treatment and follow-up care as needed.

Who will pay for the treatment of research related injuries?
Care for such research-related injuries will be billed in the ordinary manner, to you or your insurance. You will be responsible for all treatment costs not covered by your insurance, including deductibles, co-payments and coinsurance.

What are the possible benefits from being in this research study?

The treatment being used in the trial contains medicines that are typically used for treatment of myeloma. We hope the addition of the new drug may allow better control of the cancer than is possible with the current treatments. We hope the information learned from this study will benefit other people with multiple myeloma in the future.

What alternative do you have if you choose not to participate in this research study?

You do not have to be in this study to receive treatment for your condition. Your other choices may include the commonly used treatment regimens that include the currently approved drugs. You should talk to the researcher and your regular physician about each of your choices before you decide if you will take part in this study.

What tests or procedures will you need to pay for if you take part in this research study?

You and/or your insurance will need to pay for all tests and procedures that are part of this research study. These tests and procedures are:

- Medical history (including any medications that you are taking now or have taken in the past)
- Review of your current medical condition(s)
- Physical examination (including height and weight)
- Vital signs (blood pressure, heart rate, temperature)
- Whole body low dose CT scan (WBLDCT), skeletal survey, MRI or PET/CT

- Electrocardiogram (ECG) and Echocardiogram (ECHO) or multigated acquisition (MUGA) scan
- Chest X-ray
- Routine blood tests (including hepatitis)
- Indirect antiglobulin testing (sometimes called Coombs test)
- Blood tests to assess your disease
- Urine tests to assess your disease
- Pregnancy test if you are able to become pregnant
- Bone marrow aspirate and biopsy
- Carfilzomib
- Daratumumab (and any required pre-medications)
- Lenalidomide
- Dexamethasone

You will also be responsible for any co-payments and deductibles. Before you take part in this study, you should call your insurer to find out if the cost of these tests and/or procedures will be covered. You will have to pay for any costs not covered by your insurance.

If you have questions about any costs to you that may result from taking part in the research, please speak with the Principal Investigator. If you wish, arrangements can be made for you to speak with someone in Patient Financial Services about these costs.

If you have billing or insurance questions call Patient Account Services at the telephone number provided in the Contact Information section of this form.

Will you be paid for taking part in this research study?

You will not be paid for taking part in this study.

There is a very small chance that some commercial value may result from the use of your sample. This could include new products like a drug or a test to diagnose a disease. If that happens, you will not be offered a share in any profits.

Will your information or samples be used for future research?

Identifiable information such as your name, Mayo Clinic number, or date of birth may be removed from your information or samples collected in this study, allowing the information or samples to be used for future research or shared with other researchers at institutions and companies without your additional informed consent.

How will your privacy and the confidentiality of your records be protected?

Mayo Clinic is committed to protecting the confidentiality of information obtained about you in connection with this research study. All of your research samples given to Mayo Clinic will be labeled with a code number and kept in locked storage. Only your study team will be able to link your samples with your identity. No one working with your samples will know your identity. If the results of the research are made public, information that identifies you will not be used.

During this research, information about your health will be collected. Under Federal law called the Privacy Rule, health information is private. However, there are exceptions to this rule, and you should know who may be able to see, use and share your health information for research and why they may need to do so. Information about you and your health cannot be used in this research study without your written permission. If you sign this form, it will provide that permission (or "authorization") to Mayo Clinic.

Your health information may be collected from:

- Past, present and future medical records.
- Research procedures, including research office visits, tests, interviews and questionnaires.

Your health information will be used and/or given to others to:

- Do the research.
- Report the results.
- See if the research was conducted following the approved study plan, and applicable rules and regulations.

Your health information may be used and shared with:

- Mayo Clinic research staff involved in this study.
- Other Mayo Clinic staff involved in your clinical care.
- The sponsor(s) of this study and the people or groups hired by the sponsor(s) to help perform this research.
- The Mayo Clinic Institutional Review Board that oversees the research.
- Federal and State agencies (such as the Food and Drug Administration, the Department of Health and Human Services, the National Institutes of Health and other United States agencies) or government agencies in other countries that oversee or review research.
- A group that oversees the data (study information) and safety of this research.

How your information may be shared with others:

While taking part in this study, you will be assigned a code that is unique to you, but does not include information that directly identifies you. This code will be used if your study information is sent outside of Mayo Clinic. The groups or individuals who receive your coded information will use it only for the purposes described in this consent form.

If the results of this study are made public (for example, through scientific meetings, reports or media), information that identifies you will not be used.

In addition, individuals involved in study oversight and not employed by Mayo Clinic may be allowed to review your health information included in past, present, and future medical and/or research records. This review may be done on-site at Mayo Clinic or remotely (from an off-site location). These records contain information that directly identifies you. However, the individuals will not be allowed to record, print, or copy (using paper, digital, photographic or other methods), or remove your identifying information from Mayo Clinic.

Is your health information protected after it has been shared with others?

Mayo Clinic asks anyone who receives your health information from us to protect your privacy; however, once your information is shared outside Mayo Clinic, we cannot promise that it will remain private and it may no longer be protected by the Privacy Rule.

Your Rights and Permissions

Participation in this study is completely voluntary. You have the right not to participate at all. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to sign this form, but if you do not, you cannot take part in this research study.

Deciding not to participate or choosing to leave the study will not result in any penalty. Saying 'no' will not harm your relationship with your own doctors or with Mayo Clinic.

If you cancel your permission for Mayo Clinic to use or share your health information, your participation in this study will end and no more information about you will be collected; however, information already collected about you in the study may continue to be used.

You can cancel your permission for Mayo Clinic to use or share your health information at any time by sending a letter to the address below:

Mayo Clinic
Office for Human Research Protection
ATTN: Notice of Revocation of Authorization
200 1st Street SW
Plummer Building PL 3-02
Rochester, MN 55905

Alternatively, you may cancel your permission by emailing the Mayo Clinic Research Subject Advocate at: researchparticipantadvocate@mayo.edu.
Please be sure to include in your letter or email:

- The name of the Principal Investigator,
- The study IRB number and /or study name, and
- Your contact information.

Your permission for Mayo Clinic to use and share your health information lasts until the end of this study, unless you cancel it. The study does not end until all data has been collected, checked (or audited), analyzed, and reported. Because research is an ongoing process, we cannot give you an exact date when the study will end. Sometimes this can be years after your study visits and/or activities have ended.

There is no expiration or end date related to the Sponsor's use of your health information received from Mayo Clinic as part of this study.

Enrollment and Permission Signatures

Your signature documents your permission to take part in this research.

Printed Name Date (mm/dd/yyyy) Time (hh:mm am/pm)

Signature

Person Obtaining Consent

- I have explained the research study to the participant.
- I have answered all questions about this research study to the best of my ability.

Printed Name Date (mm/dd/yyyy) Time (hh:mm am/pm)

Signature